

INCENTIVE AWARD

Nominee's Name:	Division:	
Nominee's EIN:	Date of Nomination:	
Nominator:	Division:	

Reason for Recognition—Demonstrated Exceptional Performance

Check all that apply:

- Individual or team effort of an exceptional nature.
- High level of performance over a sustained period of time as documented in performance evaluations.
- A suggestion or performance which saves CCE and/or the State a significant amount of money or increases efficiency in office processes.
- Targeting market conditions (retention bonuses, signing bonuses, scarce skills bonuses, relocation bonus, or referral bonus). DHRM approval required.

I. Cash Incentive Award

Amounts greater than \$500.00 must be signed by the Executive Director.

Cash Incentive Amount:	\$
Supervisor Signature:	
Division Director Signature:	
Executive Director Signature:	

II. Administrative Leave

Hours in excess of 8 hours must be signed by the Executive Director.

Administrative Leave Amount:	hours (not to exceed 40 hours in a fiscal year)
Supervisor Signature:	
Division Director Signature:	
Executive Director Signature:	

Justification

Statement: